

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prison Health Services, Inc.
W. Park Drive, Suite 200
Brentwood, TN 37027

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Reche HEPAINE*☐ Agent☐ Addressee

B. Received by (Printed Name)

Thurkington

C. Date of Delivery

*10-19-05*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

2. Article Number

(Transfer from service label)

253V231

7005 1160 0001 3017 0224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540